FORM D

PROCESSED

JUL 1 1 2008

UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

THOMSON REUTERS

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR

Expires:

3235-0076 OMB NUMBER: June 30, 2008 Estimated average burden hours per response......16.00

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Prefix

DATE RECEIVED

Serial

| | UNIFORM LIN | IIIED OFFER | UNG EAE | WIFTION |
|---------------------------------------|------------------------------|-----------------------|----------------|---|
| Name of Offering (□ check if th | is is an amendment and na | me has changed, a | nd indicate ch | nange.) |
| TCW Special Mortgage Credits 1 | Fund II (Cayman), L.P. | - Private Offering | g of Limited 1 | Partnership Interests |
| Filing Under (Check box(es) that a | pply): 🔲 Rule 504 | ☐ Rule 505 | ⊠ Rule 5 | |
| Type of Filing: New Filing | ☐ Amendment | | | SEC Mail Processing |
| | A. BASIC | IDENTIFICATIO | ON DATA | Secti |
| 1. Enter the information requested | about the issuer | | | |
| Name of Issuer (☐ check if this | is an amendment and name | e has changed, and | indicate chan | ge.) Jul () 79AAA |
| TCW Special Mortgage Credits I | Fund II (Cayman), L.P. | _ | |) |
| Address of Executive Offices | (Number and Stro | et, City, State, Zip | Code) | Telephone Number (Machiding Area) Code) |
| 865 South Figueroa Street, Los A | ingeles, CA 90017 | | | (213) 244-0827 111 |
| Address of Principal Business Ope | rations (Number and Str | eet, City, State, Zip | Code) | Telephone Number (Including Area Code) |
| (if different from Executive Office | s) Same as above. | | | Same as above. |
| Brief Description of Business: In | vestments in securities. | | | |
| Type of Business Organization | | | | |
| ☐ corporation | ☐ limited partr | ership, already for | med | ⊠other (please specify): Cayman Islands |
| | | | | exempted limited partnership |
| ☐ business trust | limited partnership, t | | | |
| | _ | | еаг | |
| Actual or Estimated Date of Incorpo | ration or Organization: | 0 4 0 | <u>[8]</u> g | ☑ Actual ☐ Estimated |
| urisdiction of Incorporation or Org | | r U.S. Postal Servi | ce abbreviatio | on for State: |
| | for Canada; FN for other for | | | |
| | | • | | |

GENERAL INSTRUCTIONS Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. Or 15 U.S.C. 77d(6).

1Vhen To File: A notice must be filed no later than 15 days after the first sale of sec Securities and Exchange Commission (SEC) on the earlier of the date it is received ¿ddress after the date on which it is due on the date it was mailed by United States regi

ned filed with the U.S. v or, if received at that

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Wa:

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed rnust be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering exemption (ULOE) for sales of securities in those state that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION .

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

| | A. BASIC IDENTIF | ICATION DATA | | |
|--|--|------------------------------|-----------------|---------------------------------------|
| 2. Enter the information requested for | or the following: | - | | |
| • Each promoter of the issuer, i | f the issuer has been organized with | hin the past five years; | | |
| Each beneficial owner having securities of the issuer; | the power to vote or dispose, or di | rect the vote or disposition | on of, 10% or m | nore of a class of equity |
| · · · · · · · · · · · · · · · · · · · | rector of corporate issuers and of co | orporate general and man | aging general p | artners of partnership |
| issuers; and • Each general and managing p | artner of partnership issuers | | | |
| Check Box(es)that Apply: Pro | | ☐ Executive Officer | ☐ Director | ☑ General and/or |
| Check Box(es)mat rapply. | Beneficial Owner | | | Managing Partners |
| Full Name (Last name first, if indivi- TCW Asset Management Compan | | neral Partner") | | |
| Business or Residence Address (N 865 South Figueroa Street, Los An | · · · · · · · · · · · · · · · · · · · | Code) | | |
| Check Box(es)that Apply: Pro | moter Beneficial Owner | X Executive Officer | ☑ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if indivi Gundlach, Jeffrey E. | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | | Code) | | |
| Check Box(es)that Apply: Pro | moter | Executive Officer | ☑ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if indivi Sonneborn, William C. | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | | Code) | | |
| Check Box(es)that Apply: | moter | Executive Officer | ☑ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if indivi Beyer, Robert D. | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | | Code) | | |
| Check Box(es)that Apply: | moter | ■ Executive Officer | ☑ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if individe DeVito, David S. | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | · · · · · · · · · · · · · · · · · · · | Code) | | |
| Check Box(es)that Apply: | moter | ☑ Executive Officer | ☑ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if indivi | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | | Code) | | |
| Check Box(es)that Apply: | moter | ☑ Executive Officer | ☐ Director | ☐ General and/or Managing Partners |
| Full Name (Last name first, if indivi Lucido, Louis C. | dual) | | | |
| Business or Residence Address (N 865 South Figueroa Street, Los Ar | | Code) | | |
| (Use blank sheet, or copy and use add | litional copies of this sheet, as nece | ssarv.). | • | |

| lí | | | | В. | INFORMAT | TION ABOU | T OFFERI | NG | | | | |
|--|------------------------|----------------|--------------|----------------|---------------|--------------|----------------|---------------|--------------|--------------------------------|--------------|--------------|
| | | | | | | | | | Yes | No | | |
| 1. Has the issuer sold, or does the issuer intend to send, to non-accredited investors in this offering? Answer also in Appendix, Column 2, if filing under ULOE. | | | | | | | | | | X | | |
| 0.117 | | | | | | | - | | | | ¢ 10 | 000 000* |
| 2. What is the minimum investment that will be accepted from any individual? | | | | | | | | | | | 000,000 | |
| *Subject to reduction at the discretion of the General Partner. | | | | | | | | | | Vac | Ma | |
| 3. Does the offering permit joint ownership of a single unit? | | | | | | | | | | | NO - | |
| | | | | | | | | | | indirectly, | | J |
| comm | ission or si | milar remu | meration fo | r solicitation | on of purch | asers in co | nnection w | tth sales o | f securities | in the offer | ring. | |
| | | | | | | | | | | a state or sta such a broke | | |
| dealer. | , you may s | et forth the | informatio | | | | | | | | | |
| Full Name | e (Last nam | ne first, if i | ndividual) | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | . City, State | e, Zip Code | e) | | <u> </u> | | | |
| | | | os Àngeles, | | | • | , | | | | | |
| | Associated nds Distril | | Dealer | | | | | | | | | |
| | | | nas Solicite | d or Intend | s to Solicit | Purchasers | | | _ | | | |
| | | | | | | | | ••••• | | (X) A | LL STAT | ES |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL.] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] [WV] | [OK] [WI] | [OR] [WY] | (PA) [PR] |
| [RI] | [SC] e (Last nam | [SD] | [NT] | [TX] | [UT] | [VT] | [VA] | [WA] | [W V] | (W1) | [WI] | [1 K] |
| I UII I I I III | c (Last Hair | ic mist, m | · | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, Stat | e, Zip Code | e) | | | | | |
| Name of | Associated | Broker or | Dealer | | | | · · · | | | <u> </u> | | |
| States in | Which Darc | on Listed h | nas Solicite | d or Intend | s to Solicit | Purchasers | _ | | | | | |
| | | | | | | | | ************* | ••••• | | 🗖 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [Al] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | (WY) | [PR] |
| Full Nam | e (Last nam | ne first, if i | ndividual) | | | | | | | | | |
| Business | or Residen | ce Address | (Number | and Street | , City, State | e, Zip Code | ;) | | | | | · |
| Name of | Associated | Broker or | Dealer | | | . | - | | | | | |
| States in | Which Pers | on Listed I | nas Solicite | d or Intend | s to Solicit | Purchasers | ı | | | | | |
| | | | | | | | | | | **************** | 🗖 | All States |
| [AL] | [AK] | [AZ] | [AR] | [CA] | [CO] | [CT] | [DE] | [DC] | [FL] | [GA] | [HI] | [ID] |
| [IL] | [IN] | [IA] | [KS] | [KY] | [LA] | [ME] | [MD] | [MA] | [MI] | [MN] | [MS] | [MO] |
| [MT] | [NE] | [NV] | [NH] | [NJ] | [NM] | [NY] | [NC] | [ND] | [OH] | [OK] | [OR] | [PA] |
| [RI] | [SC] | [SD] | [TN] | [TX] | [UT] | [VT] | [VA] | [WA] | [WV] | [WI] | [WY] | [PR] |

| C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE | OF PROCEEDS | <u>`</u> | |
|--|--------------------------------|----------|---|
| I. Enter the aggregate offing price of securities included in this offering and the total amount already sold. Enter "0" if the answer is "none" or "zero". If the transaction is an exchange offering, check this box and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. | | | |
| Type of Security Debt | Aggregate Offering Amount \$ 0 | nt | Amount Already Sold \$ 0 |
| Equity | \$ 0 | | \$0 |
| □ Common □ Preferred | | | |
| Convertible Securities (including warrants) | \$ <u>0</u> | | \$ <u>0</u> |
| Partnership Interests | \$3,000,000,000 ¹ | | \$ <u>363,784,000</u> |
| Other (Specify) | \$ <u>0</u> | | \$ <u>0</u> |
| Total | \$3,000,000,000 | | \$ <u>363,784,000</u> |
| Answer also in Appendix, Column 3, if filing under ULOE?. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero". | | | |
| Accredited Investors | Number of Investors 20 | | Aggregate Dollar Amount of Purchases \$ 363,784,000 |
| Non-accredited Investors | 0 | | \$ <u>0</u> |
| Total (for filings under Rule 504 only) | N/A | | \$ <u>N/A</u> |
| Answer also in Appendix, Column 4, if filing under ULOE 3. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. | | | |
| Type of offering Rule 505 | Type of Security N/A | | Dollar Amount Sold \$ 0 |
| Regulation A | N/A | | \$0 |
| Rule 504 | N/A | | \$ 0 |
| Total | N/A | | \$ 0 |
| 4. a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. | | _ | |
| Transfer Agent's Fees | | | \$ <u>0</u> |
| Printing and Engraving Costs | | | \$ <u>0</u> |
| Legal Fees | | X | \$_50,000 |
| Accounting Fees | | | \$ <u>0</u> |
| Engineering Fees. | | | \$ <u>0</u> |
| Sales Commissions (specify finder's fees separately) | | | \$0 |
| Other Expenses (identify)Miscellaneous Blue Sky Filing Fees and Expenses | | X | \$ <u>1,300</u> |
| Total | | X | \$ <u>51,300</u> |
| | | | |

¹ This is a target offering amount. The actual offering amount may be larger or smaller.

| C. OFFERING PRICE, NUMBER OF INVE | STORS, EXPENSES A | ND U | SE OF PRO | CEEDS | | |
|---|--|----------|--|-----------------|----------------|-------------------|
| b. Enter the difference between the aggregate offering price Question 1 and the total expenses furnished in response to Part C the "adjusted gross proceeds to the issuer" | Question 4.a. this diffe | erence i | s | \$ | <u>2,999,9</u> | 9 <u>48,700</u> |
| 5. Indicate below the amount of the adjusted gross proceeds to the iss for each of the purposes shown. If the amount for any purpose is and check the box to the left of the estimate. The total of the adjusted gross proceeds to the issuer set froth in response to Part C | not known, furnish an payments listed must e | estimat | e | | | |
| | | | Payments Officers Directors, Affiliate | ;, , & es | | ayments To Others |
| Salaries and fees | | | \$ <u>0</u> | □ | \$ <u>0</u> | |
| Purchase of real estate | | | \$ <u>0</u> | □ | \$ <u>0</u> | |
| Purchase, rental or leasing and installation of machinery and e | equipment | | \$ <u>0</u> | □ | \$ <u>0</u> | |
| Construction or leasing of plant buildings and facilities | ••••• | . 🗆 | \$ <u>0</u> | □ | \$ <u>0</u> | |
| Acquisition of other businesses (including the value of securit offering that may be used in exchange for the assets or securit issuer pursuant to a merger) | ies of another | | \$ <u>0</u> | | \$ <u>0</u> | |
| Repayment on indebtedness | | . 🗆 | \$ <u>0</u> | □ | \$ <u>0</u> | |
| Working capital | Working capital | | | | | |
| Other (specify): Investments in securities. | | | \$ <u>0</u> | 🗵 | \$ <u>2,9</u> | 99,948,700 |
| Column Totals | | | \$ <u>0</u> | <u> </u> | \$ <u>2,9</u> | 999,948,700 |
| Total Payments Listed (column totals added) | | | X | \$ <u>2,999</u> | <u>,948,70</u> | <u>0</u> |
| D. FEDERA | L SIGNATURE | - | | | | |
| The issuer has duly caused this notice to be signed by the undersignature constitutes an undertaking by the issuer to furn the information furnished by the issuer to any non-accredited investor Issuer (Print or Type) TCW Special Mortgage Credits Fund II (Cayman), L.P. | ish to the U.S. Securitie | s Com | mission, upo | Date | request | of its staff, |
| 1 Cw Special Mortgage Credits Fullu II (Cayman), L.i . | Seault | alla | ز | 7-0 | -08 | |
| Name of Signer (Print or Type) By: TCW Asset Management Company International Limited, General Partner | Title of Signer (Print o | r Type) | | | | |
| By: Sean Plater | Vice President | | | | | |
| | | | | | | |
| A | ITENTION | | | | | |
| Intentional misstatements or omissions of fact con | | inal v | /iolations. | (See 18 | 3 U.S.C | C. 1001.) |

SEC 1972 (2-97) 5 of 8

| E. STA | ATE SIGNATURE | |
|---|---|------------------------------|
| 1. Is any party described in 17 CFR 230.252(c), (d), (e) or (f) pre of such rule? | | |
| Not applicable. | | |
| 2. The undersigned issuer hereby undertakes to furnish to any sta D (17 CFR 239.500) at such times as required by state law. | ate administrator of any state in which this notic Not applicable. | e is filed, a notice on Form |
| 3. The undersigned issuer hereby undertakes to furnish to the state to offerees. Not applicable. | ate administrators, upon written request, informa | tion furnished by the issuer |
| 4. The undersigned issuer represents that the issuer is familiar we Uniform Limited Offering Exemption (ULOE) of the state claiming the availability of the exemption has the burden of applicable. | in which this notice is filed and understands the | at the issuer |
| The issuer has read this notification and knows the contents to undersigned duly authorized person. | be true and has duly caused this notice to be | signed on its behalf by the |
| Issuer (Print or Type) TCW Special Mortgage Credits Fund II (Cayman), L.P. | Signature Later | Date 7-2-08 |
| Name of Signer (Print or Type) Hy: TCW Asset Management Company International Limited General Partner | Title of Signer (Print or Type) | |

Vice President

Instruction:

By: Sean Plater

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

| 1 | | · · · · · | | | APPEN | DIX | | | • | | |
|--|-------|--------------------------------|--------------------------------------|--|------------|---|--------------------|--------------|------------|--------------|--|
| State Yes No | | Intend to non-a investor | I to sell ccredited s in State | Type of security and aggregate offering price offered in State | | 4 Type of investor and amount purchased in State | | | | | |
| AK | State | | | Partnership Interests: | Accredited | Amount | Non- Accredited | Amount | Yes | No | |
| AZ | AL | | | | | | | | | | |
| AR | AK | | | | | | | | | | |
| CA | AZ | | - | - | | | | | - | | |
| CO | AR | | | | | | | | | | |
| CT DE ST ST< | CA | | Х | X | 2 | \$3,050,000 | 0 | \$0 | N/A | N/A | |
| DE DC | СО | | | | | | | | | | |
| DC | CT | | | | | | | | | | |
| FL GA | DE | | | | | | | | | | |
| GA | DC | | | | | | | | | | |
| HI | FL | | | | | | | | | | |
| ID | GA | | | | | | | | | | |
| IIL X X X 4 \$97,950,000 0 \$0 N/A N/A IN IA | | | | | | | | | | | |
| IN | -, | | | | | | | | ļ <u>.</u> | | |
| IA | | | X | X | 4 | \$97,950,000 | 0 | \$0 | N/A | N/A | |
| KS | | | | | | | <u>.</u> | | | ļ | |
| KY Image: Control of the control of | | | | | | | | | | | |
| LA Image: contraction of the contraction of | | | | | | | | ļ | | ļ | |
| ME | | | | | | | | | | | |
| MD | | | | | - | | | | | | |
| MA | | | | | | | | | | | |
| MI | | | | | | | <u> </u> | | | <u> </u> | |
| MN | | | | | | | | - | | | |
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| IMSI IIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIIII | MS | l. | <u> </u> | | - | | | | - | - | |

| MO | | X | X | 1 | \$5,000,000 | 0 | \$0 | N/A | N/A | |
|-------|--------------------------------|---|--|--------------------------------------|--------------|---|--------|---|---|--|
| , , | - | 2 | | I | 4 | | | | | |
| 1 | Intend to non-a investor | 2 I to sell accredited s in State I-Item 1) | Type of security and aggregate offering price offered in State (Part C-Item 1) | | amount pui | investor and rchased in State C-Item 2) | | Disqual under Sta (if yes, explana waiver | ification te ULOE attach attion of granted) | |
| State | Yes | No | Limited Partnership Interests: \$3,000,000,000 | Number of Accredited Investors | Amount | Number of Non-Accredited Investors | Amount | Yes | No | |
| MT | | | | | | | | | | |
| NE | | | | | | | | | | |
| ΝV | | | | | | | | | _ | |
| NH | | | | | | | · | | | |
| NJ | | | | | | | | | | |
| NM | | | | | | | | - | | |
| NY | | Х | x | 1 | \$50,000,000 | 0 | \$0 | N/A | N/A | |
| NC | | | | | | | | | - | |
| ND | | | | | | | | | | |
| ОН | | X | X | 1 | \$4,000,000 | 0 | \$0 | N/A | N/A | |
| OK | | | | | : | | | | | |
| OR | i | | | | | | | | | |
| PA | | | _ | | | | | | | |
| RI | | | | | | | | | | |
| SC | | | | | | | | | | |
| SD | | | | | | | | - | | |
| TN | | | | | | | | | | |
| TX | | Х | Х | 1 | \$1,500,000 | 0 | \$0 | N/A | N/A | |
| UT | | | | | | | | | | |
| VT | , | | | | | | | | | |
| VA | | | | | | | | | | |
| WA | - | | | | | | | | | |
| wv | | | | | | | | | | |
| WI | | Х | х | 1 | \$1,000,000 | 0 | \$0 | N/A | N/A | |
| WY | | | | | | · · · · · · · · · · · · · · · · · · · | | | | |

| | | | | | |
|----|------|------|------|------|--|
| PR | 1 | | | | |
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END